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OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



ason fo	or Su	bmitta	al (Sel	ect o	nly or	ne.)												
]	Obtai	ning o	or upo	dating HSM a	g an E	EPA ID	num	ber	r for	an o	n-g	going regulat	ed act	ivity that will	continue for a	perio	d of
		Subm	itting	as a	comp	oner	nt of th	е На	ızar	dou	s Wa	ste	Report for		(Repor	ting Year)		
			_					-							500 %5	1 kg of acute	hazar	dous
							g of ac ent LQ					ast	te spill cleanu	ıp in o	one or more n	nonths of the	report	ing yea
1		Notify	ing th	nat re	gulat	ed a	ctivity	is no	lon	nger	occu	ırriı	ng at this Site	9				
]	Obtai	ning c	or upo	dating	g an E	PA ID	num	ber	r for	conc	duc	ting Electron	ic Ma	nifest Broker	activities		
		Subm	itting	a nev	w or r	evise	ed Part	: A Fo	orm	1								
FDΔI	D Ni	ımber													-			
	1000	Т				٦		_		Τ.	Τ.		11					
T	Х	R	0	0	0	0	8	0	2		9	7						
Name	9																	
Arr	ow (Globa	l Ass	set D	isps	ition	, Inc.									1 (0)		
Locat	ion	Addres	SS															
Stre	et A	ddress		6	611 S	outl	n Roy	al L	ane	e Sı	ıite 1	190)					
City	, Tov	vn, or	Villag	e (Сорр	ell									County [Dallas		
Stat	e 7	Χ			1	Co	untry	US							Zip Code 7	' 5019		
Maili	ng A	ddress	3		,	25									[✓ Same as Lo	ocation	n Addr
Stre	et Ad	ldress										si.						
City,	Tow	n, or \	/illage	3														
State	е					Co	untry								Zip Code			
Land	Туре	1																
√ P	rivat	e .	С	ounty	′		District	1		Fed	deral		Tribal		Municipal	State		Other
rth Am	erica	ın Indi	ustry	Class	ificat	ion S	ystem	(NA	ICS)) Co	de(s)	fo	r the Site (at	least	5-digit codes)		
Α. (Prim	ary)		811	1212								C.					
В.			1000	423	3430								D.					
												I						

First Name David	MI	Last Name Helling
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email dhelling@arrow.com		
Phone 775-527-9321	Ext	Fax
Owner and Operator of the Site		П
A. Name of Site's Legal Owner Full Name		Same as Location Ad
Duke Realty		Date Became Owner (mm/dd/yyy
Owner Type		
✓Private County Distric	t Federal Triba	l Municipal State Oth
Street Address 1421 N. Da	allas Parkway Suite 10	00
City, Town, or Village Dallas		
State TX	Country US	Zip Code 75254
Email christy.walters@dukerea	alty.com	
Phone 972-361-6725	Ext	Fax 972-361-6802
Comments	-	
		<u></u>
B. Name of Site's Legal Operator		Same as Location A
Full Name	acition Inc	Date Became Operator (mm/dd/y 3/1/2011
Arrow Global Asset Dispo	osition, inc.	3/1/2011
✓Private County Distric	t	al Municipal State Oth
Street Address	C Litederal Little	" State State
City, Town, or Village		
-		7.0
State	Country	Zip Code
Email	Ext	Fax

EPA ID Number	Т	Х	R	0	0	0	0	8	0	2	9	7

OMB# 2050-0024; Expires 05/31/2020

10.	Type of	Regulated	Waste	Activity	(at $^{\circ}$	vour s	ite'	۱
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Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

V UN	1. Gen	erator of H	azardous Waste—If "Yes", mark only one of the following—a, b, c						
		a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.						
		b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.						
	\checkmark	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.						
If "Yes" above	, indicat	e other ger	nerator activities in 2 and 3, as applicable.						
□y ☑n	2. Shor	rt-Term Ge ses). If "Ye	nerator (generates from a short-term or one-time event and not from on-going s", provide an explanation in the Comments section.						
N √	3. Mix	ed Waste (I	nazardous and radioactive) Generator						
□v ☑v	4. Trea	iter, Storer ictivities.	or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for						
□Y √ N	5. Rece	eives Hazar	dous Waste from Off-site						
Y V N	6. Recy	cler of Haz	ardous Waste						
		a. Recycle	r who stores prior to recycling						
		b. Recycle	r who does not store prior to recycling						
N √	Y V N 7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.								
		a. Small Q	uantity On-site Burner Exemption						
		b. Smeltin	g, Melting, and Refining Furnace Exemption						

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D008	D009		

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

N/A				,	
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ID Number T X	K R 0 0 0 8 0 2 9 7 OMB# 2050-0024; Expires 05/31/2020
dditional Regulated W	aste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)
A. Other Waste Ac	ctivities
Y	ransporter of Hazardous Waste—If "Yes", mark all that apply.
	a. Transporter
	b. Transfer Facility (at your site)
	Jnderground Injection Control
	United States Importer of Hazardous Waste
Y ✓ N 4. R	Recognized Trader—If "Yes", mark all that apply.
	a. Importer
	b. Exporter
Y N 5. Ir that	mporter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark al apply.
	a. Importer
	b. Exporter
V	rge Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that . Note: Refer to your State regulations to determine what is regulated, a. Batteries
	b. Pesticides
	b. Pesticides c. Mercury containing equipment
<u> </u>	
	c. Mercury containing equipment
	c. Mercury containing equipment d. Lamps
	c. Mercury containing equipment d. Lamps e. Other (specify)
	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) pestination Facility for Universal Waste Note: A hazardous waste permit may be required for this
Y N 2. D	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty.
Y N 2. D activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty.
Y N 2. D activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty.
Y N 2. D activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty.
Y N 2. D activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) pestination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. pestination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. a. Transporter—If "Yes", mark all that apply, a. Transfer Facility (at your site)
C. Used Oil Activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty.
Y N 2. D activitie	c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) pestination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. pestination Facility for Universal Waste Note: A hazardous waste permit may be required for this ty. a. Transporter—If "Yes", mark all that apply. a. Transfer Facility (at your site)

4. Used Oil Fuel Marketer—If "Yes", mark all that apply.

b. Marketer Who First Claims the Used Oil Meets the Specifications

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

EPA	ID Number	Т	Х	R	0	0	0	0	8	0	2	9	7	OMB# 2050-0024; Expires 05/31/2020
12. Eli waste	gible Acaden s pursuant to	nic En 40 Cl	tities R 26	with 2 Sub	Labo part F	rator (.	ies—	Noti	ficatio	on foi	r optir	ng in	to or	withdrawing from managing laboratory hazardou
	Y N	wa	stes i	n labo	or cu orator of eli	ies-	·lf "Y	es", r	nark a	all tha	40 CFI at app	R 26.	2 Sub lote:	ppart K for the management of hazardous See the item-by-item instructions for defini-
			1	. Colle	ege oi	· Uni	versit	У						in the second se
			2	. Tead	hing	Hosp	ital tl	nat is	own	ed by	or ha	is a f	orma	al written affiliation with a college or university
			3	. Non	-profi	t Insi	itute	that	is ow	ned l	by or l	has a	forn	mal written affiliation with a college or univer-
	□Y ✓N	В. \												ment of hazardous wastes in laboratories.
13. E _l	pisodic Gener	ation												
	□Y V	Are	you more	than	(G or 60 da pisod	ays, t	hat n	nove	ng ha s you	zardo to a l	ous wa	aste gen	from erato	a planned or unplanned episodic event, lasting or category. If "Yes", you must fill out the Ad-
14. LO	QG Consolida	tion c	of VSC	QG Ha	azarde	ous V	Vaste	•						
	□Y N	pur	suan	t to 4	QG no O CFR Iste.	262.	g of c 17(f)	onso? If "	lidati Yes",	ng VS you r	SQG H nust f	lazar ill ou	dous It the	Waste Under the Control of the Same Person Addendum for LQG Consolidation of VSQGs
4F N	- 4161 41 6		<u> </u>			_								
15. N	VY N								: :	***************************************				tional) OR Entire Facility (required)
	AL TIN	A.									Area () Entir			
											m/dd,		<u> </u>	
	<u></u>													
											n	nm/	dd/yy	yyy
		D.			:d :						•			
		H												ds 40 CFR 262.17(a)(8) ndards 40 CFR 262.17(a)(8)
		Ц	2. 140	, t 111 C	Ompii	arree	VVILII	the	LIUSUI	e pe	1101111	ance	Stan	idalus 40 CFR 262.17(a)(8)
16. N	otification of	Hazaı	rdous	Seco	ndar	y Ma	teria	(HSI	M) Ac	tivity	,			
	∏Y ⊠N	ing	hazar	dous	secor	ndary	mat	erial	unde	r 40 (CFR 26	50.30	, 40	n managing, are managing, or will stop manag- CFR 261.4(a)(23), (24), or (27)? If "Yes", you for Managing Hazardous Secondary Material.
	□v ☑n	haz inte	ardou rmed lon. \	ıs cor liate l	stitue out th	ents t at th	hat a e rec	re no ycling	ot cor g is st	npara ill leg	ible to	o or i	unabl "Yes	product of your recycling process has levels of le to be compared to a legitimate product or s", you may provide explanation in Comments legitimate and maintain that documentation on
17. El	ectronic Man	ifest	Broke	er							_			
. 	□y V n	Are	you to o	notify btain	ing a , com gene	plete	, and	, as c	lefine smit	d in 4 an ele	40 CFI ectror	R 260 nic m	0.10, anife	electing to use the EPA electronic manifest sysest under a contractual relationship with a haz-

OMB# 2050-0024; Expires 01/31/2017

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FO The	MPLETED RM TO: Appropriate te or Regional			Inited State					•	The second
1.	Reason for Submittal MARK ALL	for this	ovide an s location	Initial Notificat n)				tion information / to o		A ID number
В	OX(ES) THAT APPLY	□ Asac □ Asac □ Asac	ompone ompone ompone	ent of a First Ro ent of a Revised ent of the Haza	CRA Hazardou d RCRA Hazai rdous Waste F	is Waste I dous Was Report (If r	Part A Permit <i>i</i> ste Part A Peri narked, see si	Application mit Application (Ame ub-bullet below)	endment#_)
		>	ite was a 100 kg o QG regu	f acute hazard	ind/or generate ous waste spil	or of >1,00 I cleanup	00 kg of hazard in one or more	dous waste, >1 kg o e months of the repo	f acute haza rt year (or S	rdous waste, or tate equivalent
2.	Site EPA ID Number	EPA ID Numbe		X R 0		8 0 2	2 9 7			
3.	Site Name	Name: Arrow (······						
4.	Site Location Information	Street Address			ane Suite 1	90	*			
	moniation	City, Town, or	Village:	Coppell						_{r:} Dallas
		State: TX			Country: U				Zìp Co	_{de:} 75019
5.	Site Land Type	Private	∐Cour	nty LIDis	trict LFe	ederal	Tribal	Municipal L	State	Other
6.	NAICS Code(s) for the Site	Α.	8	1 1 2	1 2		C.			
	(at least 5-digit codes)	В.	4	2 3 .4	3 0		D.			
7.	Site Mailing Address	Street or P.O. I			al Lane Suite	e 190			•	
		City, Town, or	Village:	Coppell	T			····		
		State: TX			Country; U	1			Zip Co	de: 75019
8.	Site Contact Person	First Name: Ch			MI: D	Last: Ra	agland			
	, 5,55,1	Title: QEHS A	·	400	- · · · · · · · ·		•		·	
		Street or P.O. E			ane Suite 19	0				
		City, Town or V	/illage:	Coppell	1				· 1 · · ·	
		State: TX			Country: U	5			Zip Co	_{de:} 75019
		Email: christy.			n	1	***************************************		1	
		Phone: 9725-8				Ext.:			Fax: Date B	
9,	Legal Owner and Operator	A. Name of Sit	e's Leg	al Owner: Dul	ke Realty				Owner:	
	of the Site	Owner V	Private	County	District	Fede		oal Municipal	☐ _{Stat}	e Other
	ļ	Street or P.O. E	30x: 14	241 N. Dalla:	s Parkway S	uite 100	0 .			
		City, Town, or \	Village:	Dallas		*			Phone: 9	72-361-6701
		State: TX		·····	Country: U	3			Zip Code	
		B. Name of Sit	e's Ope	rator: Arrow	Global A set	Disposit	on Inc.		Date Bed Operator	ame ; 3-1-11
		Operator V	Private	County	District	Fede	ral Trib	al		

EPA Form 8700-12, 8700-13 A/B, 8700-23

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Page1 of 5

 Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the 	e form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
Y N 1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N . Transporter of Hazardous Waste If "Yes," mark all that apply.
Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part 8 permit is required for these activities. Y N 7. Recycler of Hazardous Waste
b. SQG: non-acute hazardous waste. Less than 100 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities in 2-10. Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	Y N N 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption
Y N 2 3. United States Importer of Hazardous Waste	Y N . 9. Underground injection Control
Y N V 4. Mixed Waste (hazardous and radioactive) Generator	Y N 2 10. Receives Hazardous Waste from Off-site
 B. Universal Waste Activities; Complete all parts 1-2. Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply. 	C. Used Oil Activities; Complete all parts 1-4. Y N I 1. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y N V 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor. b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

D.	Eligible Aca wastes purs	demic Entities with want to 40 CFR Part	Laboratories—Noti t 262 Subpart K	fication for opting i	nto or withdrawing	from managing labo	ratory hazardous
	You ca	an ONLY Opt into Su	bpart K if:			•	
	agri	are at least one of the eement with a collego ollege or university; A	e or university; or a n	e or university; a teac on-profit research ins	ching hospital that is titute that is owned b	owned by or has a fo by or has a formal affi	rmal affiliation lation agreement with
	• you	have checked with y	our State to determin	e if 40 CFR Part 262	! Subpart K is effectiv	e in your state	•
Υ[N 🗹 1. (Opting Into or current	y operating under 40	CFR Part 262 Subpa	art K for the managei	ment of hazardous wa	astes in laboratories
		See the item-by-item		finitions of types of	f eligible academic	entities. Mark all the	at apply:
		a. College or Unive	_	•			,
		b. Teaching Hospit				=	-
	ليسا	c. Non-profit Institu	ite that is owned by	or has a formal wri	tten affiliation agree	ement with a college	or university
γГ	N 🛂 2. V	Milh drawing from 40	OFR Rest 200 Outer-				•
		Vithdrawing from 40		IT K for the managem	ent of nazardous wa	stes in laboratories	
11.		of Hazardous Waste					www.colord
Α.	Waste Code your site. Lis spaces are n	s for Federally Regu at them in the order the eeded.	ulated Hazardous W ney are presented in t	astes. Please list the regulations (e.g.,	e waste codes of the D001, D003, F007, t	Federal hazardous v J112). Use an addition	astes handled at onal page if more
	D001						
	D002						
	D008						
	D009						
	•						
В,	Waste Codes hazardous was spaces are n	s for State-Regulate astes handled at you eeded.	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes e order they are pres	Please list the was ented in the regulation	te codes of the State	Regulated Il page if more
	N/A	,					
			P-W-O-Mid-	10.00			
***		-					
				100			
					•		<u> </u>

12.	Notificat	ion of Hazardous Secondary N	Material (HSM) Activity			
Υ[□ N V	Are you notifying under 40 CFR secondary material under 40 CF	260.42 that you will begin managing, are managi FR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (2	ng, or will stop managing hazardous 5)?		
		If "Yes," you must fill out the Add Material.	dendum to the Site Identification Form: Notification	n for Managing Hazardous Secondary		
13.	3. Comments					
	•					
:						
			,			
	w					
•						
	7- 46-4	1 1				
14.	on my inq information	ce with a system designed to ass uiry of the person or persons who in submitted is, to the best of my for submitting false information, in	w that this document and all attachments were pre- cure that qualified personnel properly gather and en- to manage the system, or those persons directly re- knowledge and belief, true, accurate, and complet including the possibility of fines and imprisonment in all owner(s) and operator(s) must sign (see 40 cm.)	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCPA		
Sig	nature of horized re	legal owner, operator, or an preseptative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)		
			STENAR LOW	8/1-2017		

ARROW-INTECHRA LLC PO BOX 3226 RIDGELAND, MS 39158 ATTN: TRACEY BLASZAK



ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number:

TXR000080297

Facility Name and Address:

ARROW-INTECHRA LLC 611 S. ROYAL, STE 190 COPPELL, TX 75019-3805

4/14/11

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		United States RCRA SUBTITL		(Print			
1. Reason for Submittal		Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)					
MARK ALL BOX(ES) THAT APPLY		To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)					
		As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)					
2.	Site EPA ID Number	EPA ID Number +G+E S Q+G			7		
3.	Site Name	Name: Arrow-Intechra LLC GHE ATS				3	
4.	Site Location	Street Address: 611 South Royal, S	,		•		
	Information	City, Town, or Village: Coppell			County: Dallas		
		State: TX	Country: U	SA	Zip Code: 75019	3805	
5	Site Land Type	🗵 Private 🔲 County 🔲 Distri	ict 🔲 Fed	eral 🔲 Tribal 🔲	Municipal 🔲 State	Other	
6.	NAICS Code(s)	A. 8 1 1 2 1	2	C			
	(at least 5-digit codes)	B. 4 2 3 4 3	0	• р			
7.		Street or P.O. Box: PO Box 3226					
	Address	City, Town, or Village: Ridgeland					
		State: MS	Country: U	SA.	Zip Code: 39158 - 3	226	
8.	Site Contact	First Name: Tracey	MI: L	Last: Blaszak			
	Person	Title: EHS Compliance Director					
	,	Street or P.O. Box: PO Box 3226					
		City, Town or Village: Ridgeland		·			
			Country: US	6A	Zip Code: 39158 - 3	226	
		Email: tblaszak@intechra.com			,		
		Phone: 601-863-0628	Ext		Fax: 601-510-9695		
9.	Legal Owner	A. Name of Site's Legal Owner: Duke	Realty		Date Became Owner:		
	and Operator of the Site	Owner Type: Private County	District	Federal Tribal	Municipal State	Other	
		Street or P.O. Box: 14241 N. Dallas Pafkway, Suite 1000					
	·	City, Town, or Village: Dallas			Phone: 972-361-6700		
	RECEN	State: TX	Country: U	SA	Zip Code: /75254 2	45.4	
•	provide a	B. Name of Site's Operator: Arrow-Intechra LLC Date Became 3-1-11 Operator:					
	1 (-1) - L	Operator Type:	District	Federal Tribal	☐ Municipal ☐ State		
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10. Type of Regu Mark "Yes" o	llated Waste Activity (at your site) or "No" for all <u>current</u> activities (as of the date submitt	ing the form); complete any additional boxes as instructed.
A. Hazardous W	aste Activities; Complete all parts 1-7.	
KB _	Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg	Y N 🗵 2. Transporter of Hazardous Waste If "Yes", mark all that apply. I a. Transporter
sites de	(2,200 lbs./mo.) or more of hazardous waste Generates, in any calendar month, or accumulates at any time, more than 1 kg/me	b. Transfer Facility (at your site)
nove any n	Generates, in any calendar month, 1,000 kg (2,200 lbs./mo.) or more of hazardous waste Generates, in any calendar month, or accumulates at any time, more than 1 kg/me lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill clean material. D. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of acute hazardous waste. Less than 100 kg/mo (220 lbs./mo) of non-a	
was status ac	material.	Y 🔲 N 🗵 4. Recycler of Hazardous Waste
mil you	 SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of acute hazardous waste. 	
d	hazardous waste.	If "Yes", mark all that apply. a. Small Quantity On-site Burner
	 f "Yes" above, indicate other generator activities. Short-Term Generator (generate from a short-term or or time event and not from on-going processes). If "Yes", 	b. Smelting, Melting, and Refining Furnace Exemption
Y 🗆 N 🗵 🔞	provide an explanation in the Comments section. e. United States Importer of Hazardous Waste	Y ☐ N ☒ 6. Underground Injection Control
Y 🗆 N 🗵	Mixed Waste (hazardous and radioactive) Generator	Y N 🗵 7. Receives Hazardous Waste from Off-site
B. Universal Wa	ste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
YXN	 Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indica types of universal waste managed at your site. If " mark all that apply. 	
	a. Batteries	Y □ N 図 2. Used Oil Processor and/or Re-refiner
	b. Pesticides	If "Yes", mark all that apply.
	c. Mercury containing equipment	
	d. Lamps	b. Re-refiner
	e. Other (specify)	Y □ N ☒ 3. Off-Specification Used Oil Burner
•	f. Other (specify)	
	g. Other (specify)	Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.
Y □ N 🗵 2	 Destination Facility for Universal Waste Note: A hazardous waste permit may be required for the activity. 	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications
		Programme and the second secon

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D. Eligible Acad wastes purs	demic Entities with uant to 40 CFR Part	Laboratories—Noti : 262 Subpart K	fication for opting i	nto or withdrawing t	from managing labo	ratory hazardous
❖ You mu 262 Su	<u>ust c</u> heck with your S bpart K	State to determine if y	ou are eligible to ma	nage laboratory haza	irdous wastes pursua	int to 40 CFR Part
See the it a. Coll b. Tea c. Non	o or currently operati em-by-item instruc ege or University ching Hospital that is -profit Institute that is ng from 40 CFR Part	tions for definitions sowned by or has a f	of types of eligible formal written affiliation	academic entities. on agreement with a control on agreement with a	Mark all that apply: college or university college or university	aboratories
			·	azaruous wastes ni id		
A. Waste Codes	of Hazardous Waste s for Federally Regu t them in the order the eeded.	ılated Hazardous W	astes. Please list the regulations (e.g.,	e waste codes of the D001, D003, F007, L	Federal hazardous v J112). Use an additi	vastes handled at onal page if more
N/A						·
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	for State-Regulate astes handled at your eeded.					
N/A						
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12. Notification of Hazardous Secondary Material (HSM) Activity	
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are manag secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?
If "Yes", you <u>must</u> fill out the Addendum to the Site Identification Form: Notificatio Material.	on for Managing Hazardous Secondary
13. Comments	
	· · · · · · · · · · · · · · · · · · ·
•	
·	
4. Certification. I certify under penalty of law that this document and all attachments were preaccordance with a system designed to assure that qualified personnel properly gather and e on my inquiry of the person or persons who manage the system, or those persons directly reinformation submitted is, to the best of my knowledge and belief, true, accurate, and comple penalties for submitting false information, including the possibility of fines and imprisonment Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40).	evaluate the information submitted. Based esponsible for gathering the information, the stee. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Date Signed (mm/dd/yyyy)
Michael B. Profit, President & GM	1-31-11